

LIVE BIRTH CERTIFICATE

GENERAL INSTRUCTIONS FOR COMPLETING CERTIFICATES

Certificates are permanent records and official copies are made from them. Therefore, it is essential that the certificates be prepared in accordance with the following standards:

- Use the Nebraska Electronic Registration System to complete birth certificate registration process.
- Do not complete certificates in all capital letters. Capitalize only the first letter of each proper noun.
- Spell entries correctly. Verify names which sound the same, but have different spellings (Smith vs. Smyth, Gail vs. Gayle, etc.).
- A mother is legally married even though she is legally separated from husband.
- A Fetal Death Certificate is required to be filed for an infant that has advanced to the **20th week of gestation** or more and is born dead. It should carry the personal signature if not embalmed. A Fetal Death Certificate is not required if the fetus has not advanced to the 20th week of gestation.

Refer problems not covered in these instructions to the Bureau of Vital Statistics Office by calling one of the following direct numbers:

Software problems: Help Desk 402-471-8275 Birth Registration Desk: 402-471-0907
Birth Registration Supervisor: 402-471-0924

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF LIVE BIRTH

Required by Sections 71-604, 71-640.01, and 71-640.03
Revised Statutes of Nebraska
Amended March 1, 1989

DEFINITION OF LIVE BIRTH

The following definition has been adopted by the World Health Assembly and is recommended for use in the United States.

LIVE BIRTH: Live birth is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

IMPORTANT: *If an infant breathes or shows any other evidence of life after complete delivery even though it may be only momentary, the birth must be registered as a live birth and a death certificate must also be completed.*

A STANDARD CERTIFICATE OF BIRTH SHALL BE FILED WITHIN FIVE (5) BUSINESS DAYS AFTER THE BIRTH PER NEBRASKA STATUTE 71-604.

Special characters: If you need to put accents (tildes) like: ñ, á, é, í, ú, Ñ. You need to press **SHIFT + ~ KEY** until you find the correct accent. You will need to type the letter first then do the SHIFT + ~ KEY (The ~ is located next to #1 on your keyboard). An alternative method is also available for these special characters. For example:
Alt + 164 = ñ Alt + 165 = Ñ Alt + 160 = á Alt + 130 = é Alt + 161 = í Alt + 162 = ó Alt + 163 = ú

Extra spaces in between names are not allowed. For example: If the child has two first names you can either hyphen the names or place only one space in between names. System will reject the double space and so will Social Security Administration. Any other characters like: Periods, Number signs, commas, etc, a warning box will appear. They are not allowed either.

Suffix: Suffixes such as Jr I II III IV are allowed. Suffixes such as The I, The II, The III are not allowed. Suffixes with periods, number signs, commas, etc, are also not allowed.

Help note: In many of the fields containing the text cursor you can select **F1** and you will see additional information about that field

Short- cuts: Date fields you can enter: **"T"** for today's date; **"B"** for prior day; **"F"** for following day

Electronic Registration System (ERS) Log on Screen

Enter: User Name, Password, Domain: BF200LNK

Click: Log In

The screenshot shows a web browser window titled "MetaFrame Presentation Server Log In - Microsoft Internet Explorer provided by State of Nebraska". The address bar displays the URL "https://nfuse.dhhs.ne.gov/Citrix/MetaFrame/auth/login.aspx". The page content includes the "Official Nebraska Government Website" header, the "Nebraska Health and Human Services System" title, and support contact information: "For support please contact the Help Desk at: 1-800-722-1715 or 402-471-9069". A "Log in" form is centered on the page, featuring input fields for "User name:", "Password:", and "Domain:", followed by a "Log In" button. Below the form is a "Message Center" section. The Windows taskbar at the bottom shows the Start button, open applications including "Inbox - Micros..." and "Document1 - ...", and the system clock displaying "8:25 AM".

MetaFrame Presentation Server Log In - Microsoft Internet Explorer provided by State of Nebraska

File Edit View Favorites Tools Help

https://nfuse.dhhs.ne.gov/Citrix/MetaFrame/auth/login.aspx

Google

MetaFrame Presentation Server Log In

Official Nebraska Government Website

Nebraska Health and Human Services System

For support please contact the Help Desk at:
1-800-722-1715 or 402-471-9069

Log in

User name:

Password:

Domain:

Log In

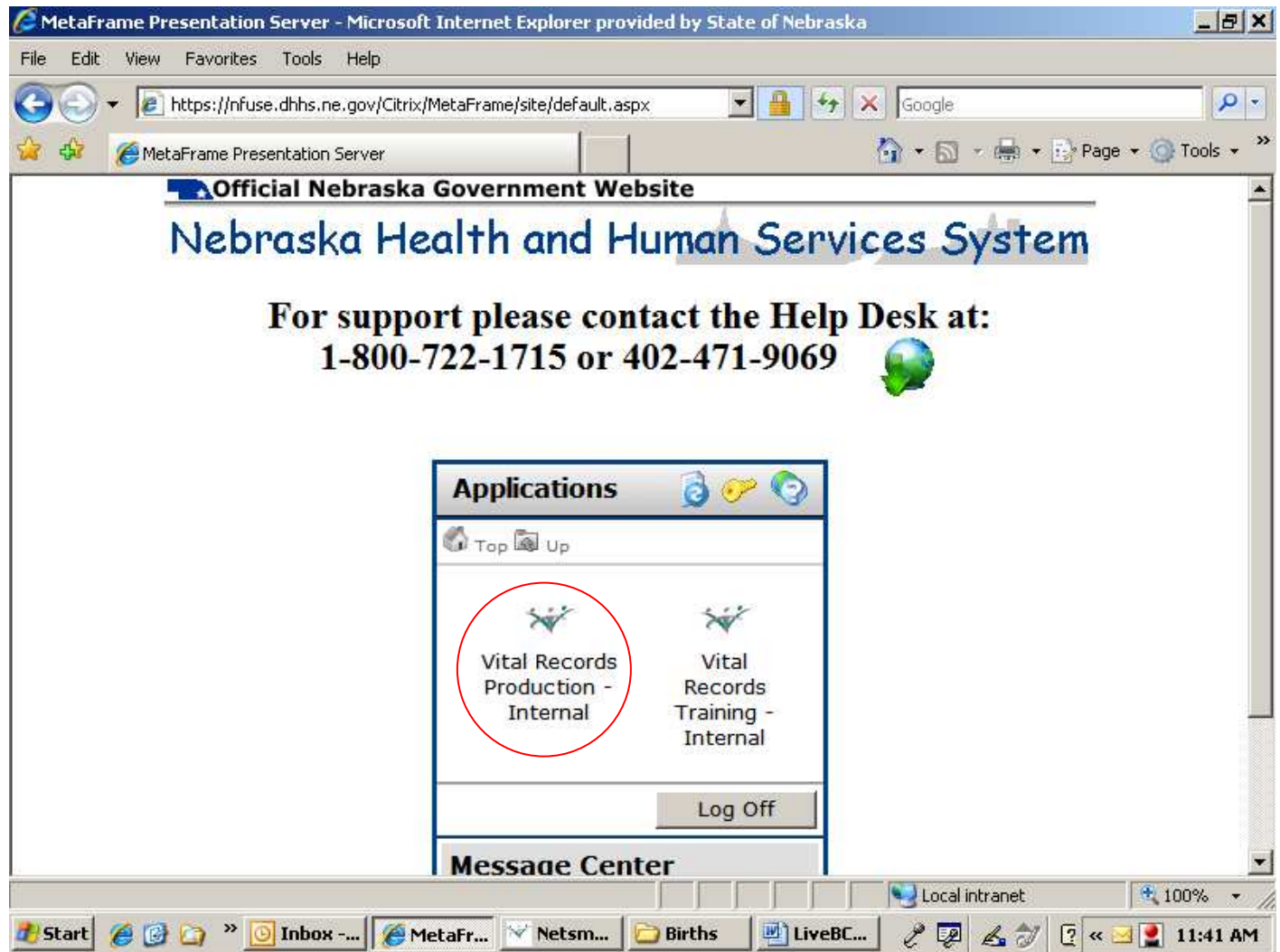
Message Center

Local intranet 100%

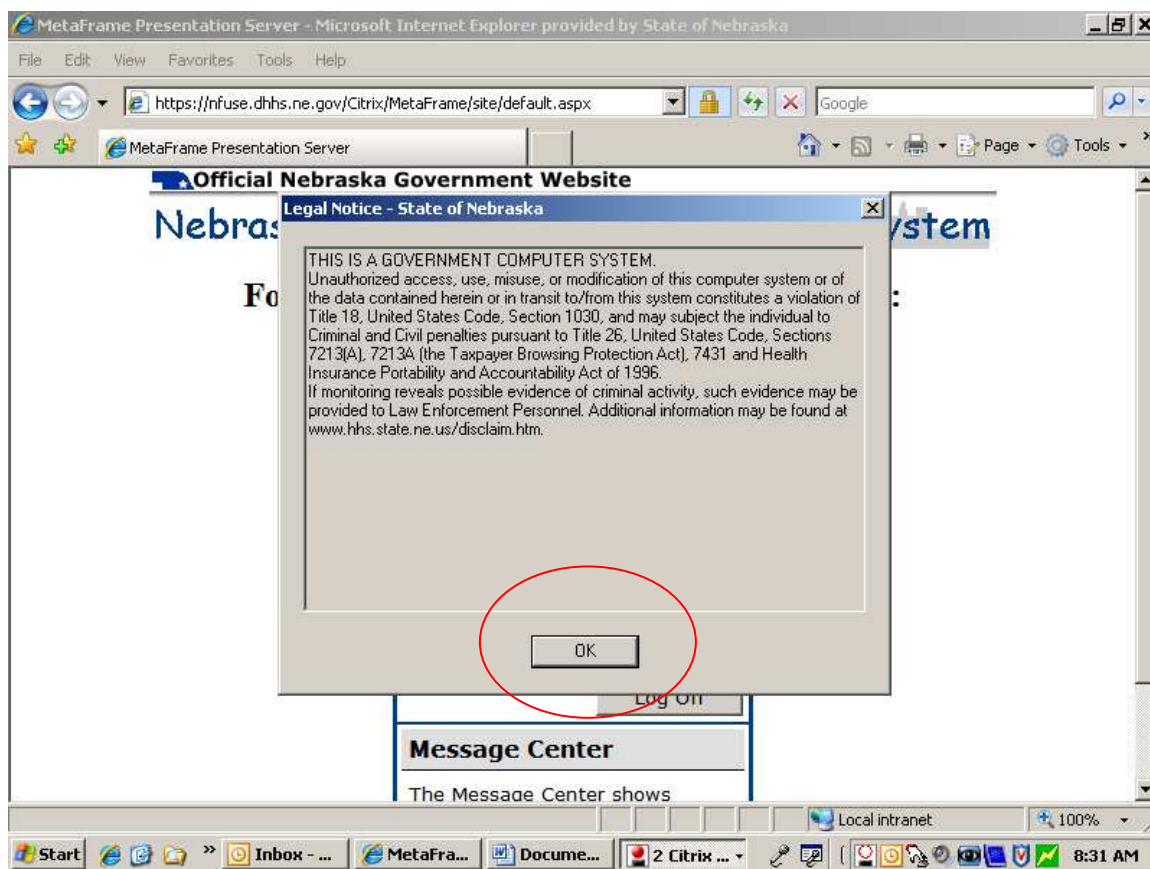
Start Inbox - Micros... Document1 - ... MetaFrame Pr... 8:25 AM

Application Screen:

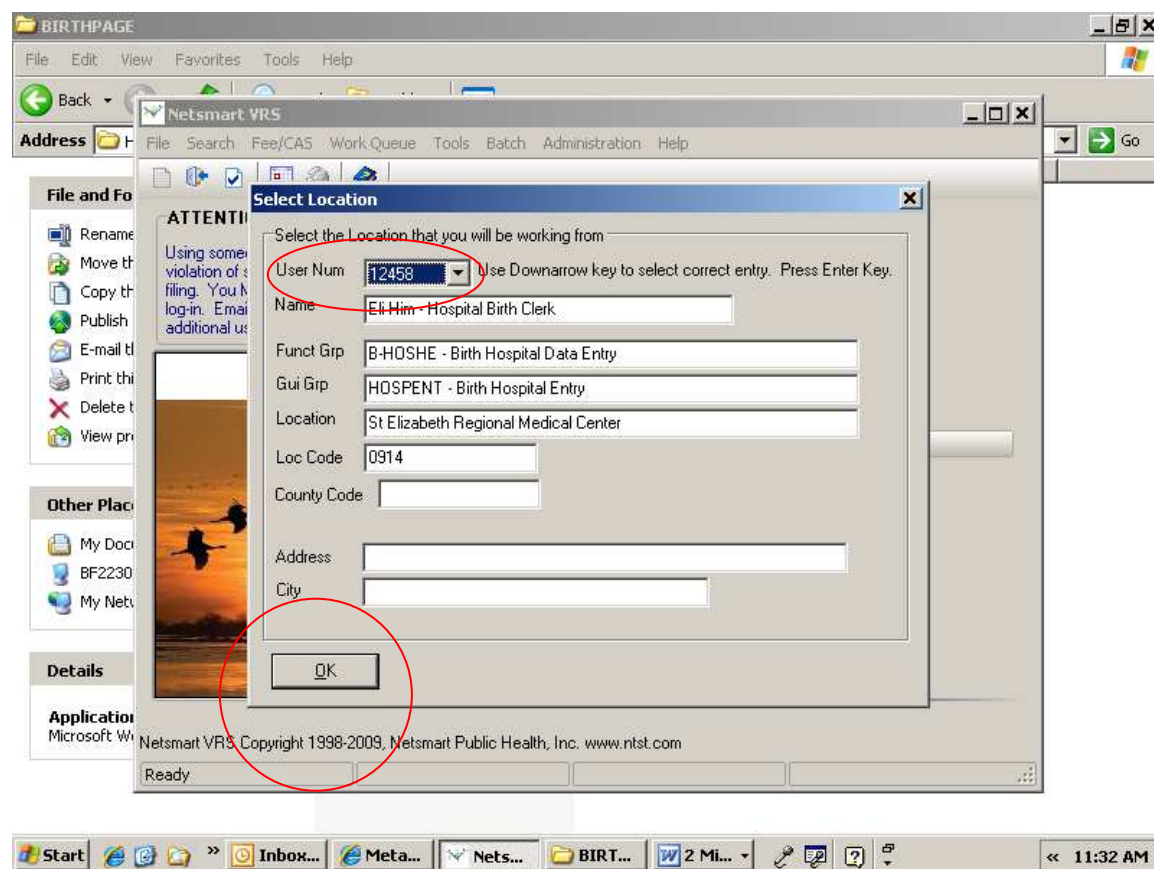
Click on: Vital Records Production. Yours won't say "Vital Records Production Internal", it will only be "**Vital Records Production**"



Click: OK

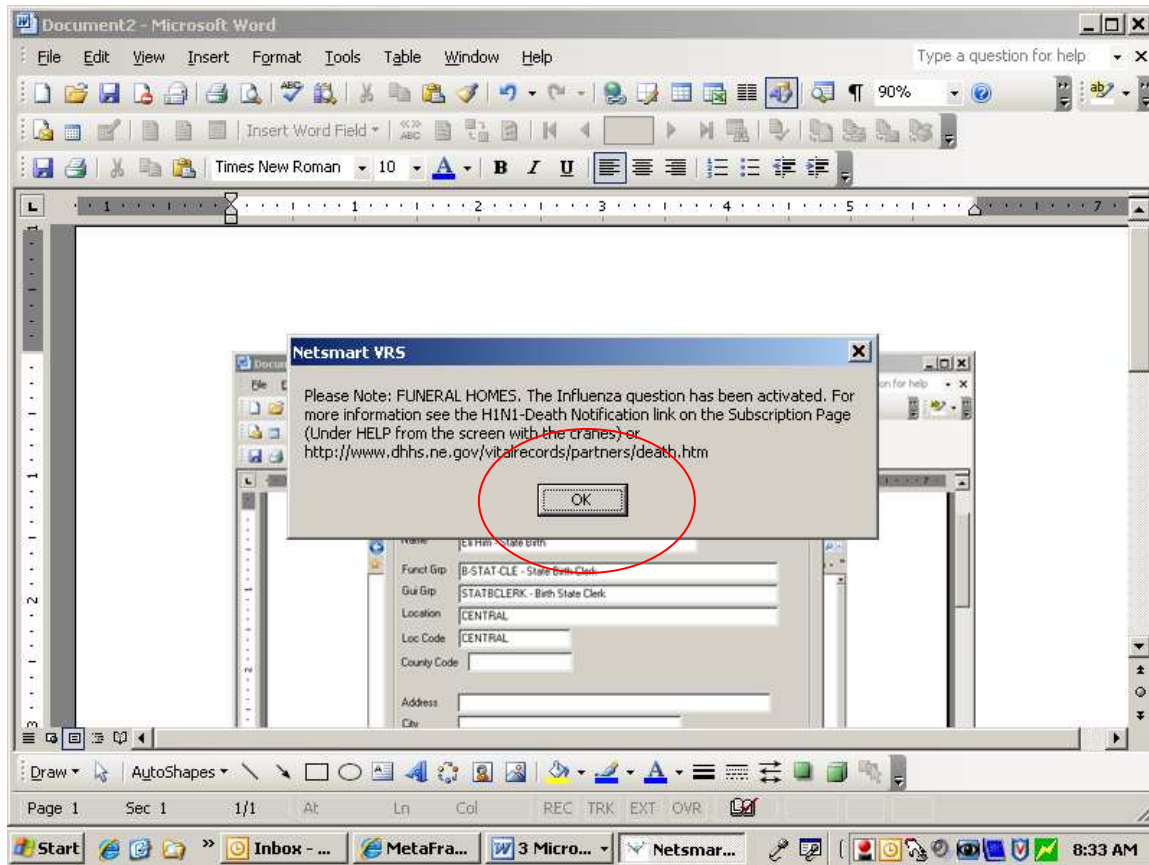


If you have multiple login roles, you will need to select your login role located on the **User Num** drop down menu:



Then click “OK”

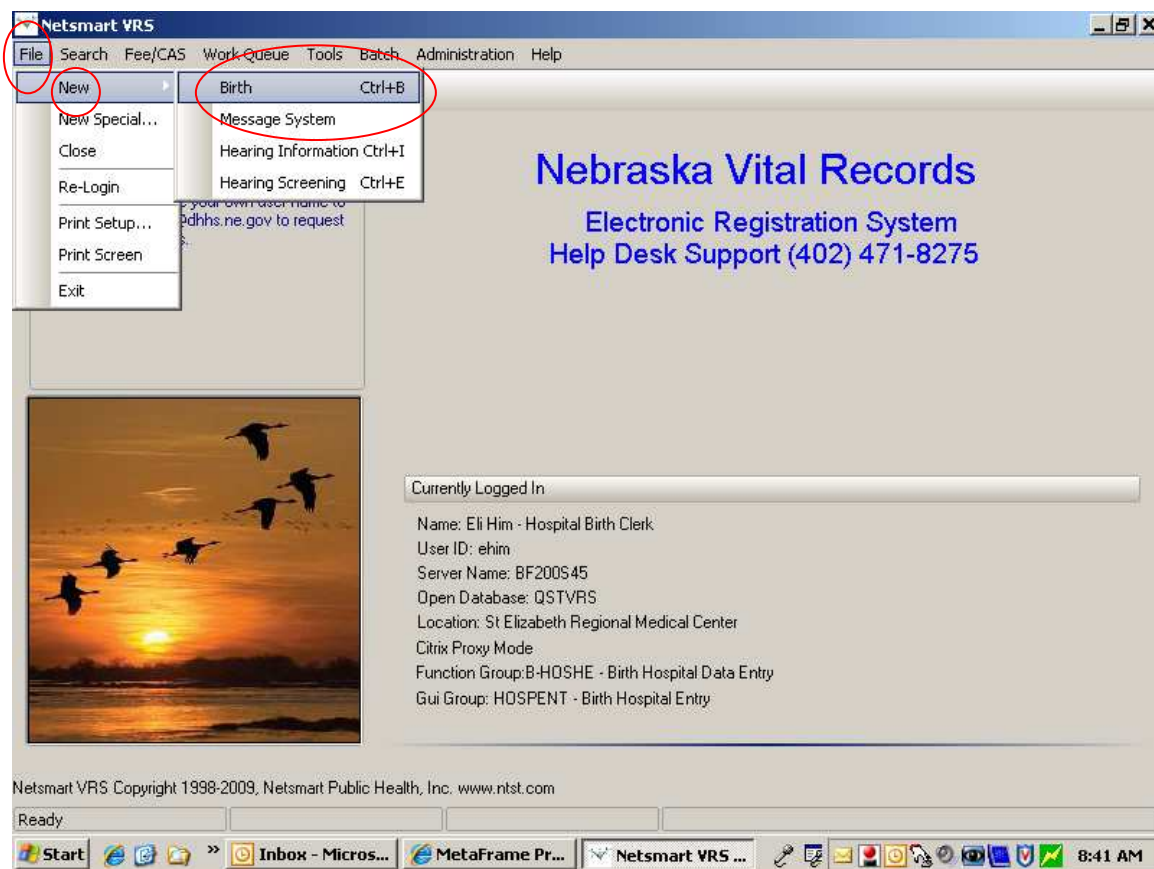
Message Screen may open. **After reading message, click “OK”** . This box contains information that may apply to all users or only to certain roles. This message may change frequently so please remember to review it before clicking “OK”.



Netsmart VRS screen will open



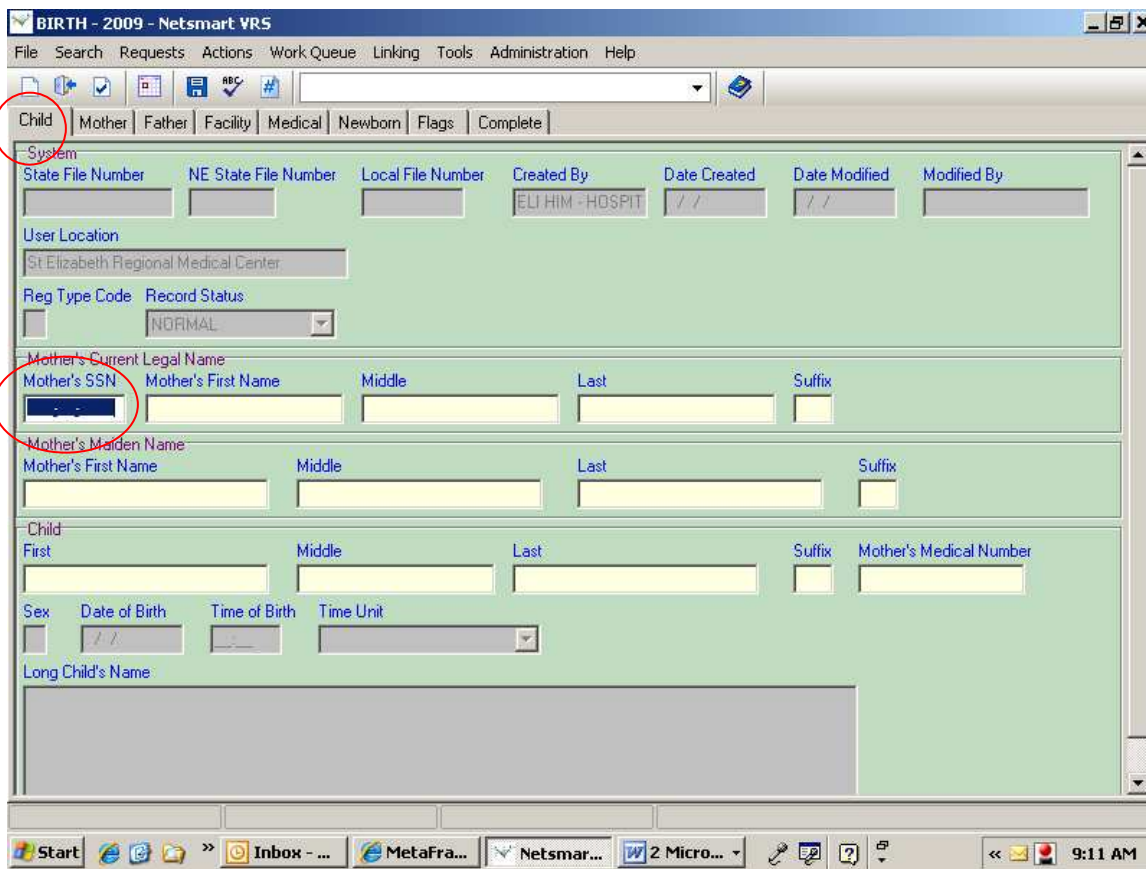
On this screen you will need to click on **“File”** **“New”** **“Birth”** or **“Ctrl+B”** to start creating the Birth Certificate



Registration Screen will open, and you can start the Birth Registration Process.

Please Note: All information for Child's, Mother's and Father's tabs will come from the Mother's Worksheet

Child's Tab



System

This section is for Vital Records use. Your initials and location (Created by) will be entered as you create the record. User location will also be automatically filled in when you create the record

Record Status: Default is Normal

Mother's Current Legal Name: (Full Name after marriage)

Enter Mother's Social Security Number. If none, please enter 000-00-0000 and put a note in the comment field when completing the record. If she refuses, then enter 999-99-9999 and put a note in the comment field when completing the record. If she refuses, the record will not be filed until the number is provided.

Enter Mother's First Name

Enter Mother's Middle Name (if none leave blank and put a note in the comment field when completing the record) (Do not enter initials, must be full name)

Enter Mother's Last Name (If more than one last name, you can enter them in this box) (If married and keeping maiden name, put a note in the comment field when completing the record)

Enter Suffix, if any (Jr I II III IV, etc)

Child's Tab (continued)

Mother's Maiden Name: (Full Name as it appears on her birth certificate)

Enter Mother's First Name

Enter Mother's Middle Name (if none leave blank and put a note in the comment field when completing the record)
(Do not enter initials, must be full name)

Enter Mother's Last Name (If more than one last name, you can enter them in this box)

Enter Suffix, if any (Jr I II III IV, etc)

Child:

Child's given or surname cannot be separated by comas or periods, it can be hyphenated

Enter Child's First Name (if parents have not decided what to name the child, you can leave this information Blank. You still need to enter the last name) Later on they can add the name at Vital Records office

Enter Child's Middle Name (if none, leave blank and put a note in the comment field when completing the record)

Enter Child's Last Name (If more than one last name, you can enter them in this box)

Enter Suffix, if any (Jr I II III IV, etc)

Mother's Medical Number (from Facility Worksheet. This is an optional field). **This is your last entry on this window.** If you Tab, the system will take you to the next screen.

You will not enter the following information at this time (information will populate from further entries):

Sex; Date of Birth; Time of Birth; Time Unit; Long Child's Name (System will populate)

Mother's Tab

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child **Mother** Father Facility Medical Newborn Flags Complete

Mother's Residence Address

Country: State: County: City, Town or Location: Street and Number of Residence:

Apt. No.: Zip Code: Inside City Limits?: ☐

Mother's Mailing Address

Same as residence?: ☐ State: City, Town or Location:

Street Name and Number: Apt Number: Zip Code:

Mother's Demographics

Mother Date of Birth: / / Mother's Age: Mother's Birth Country:

Mother's U.S. State of Birth: Mother's City of Birth:

Mother's Education:

Parent(s) Origin

Mother Spanish/Hispanic/Latina? ☐ Mexican? ☐ Puerto Rican? ☐ Cuban? ☐ Other Spanish/Hispanic/Latina? ☐ Specify other Spanish/Hispanic/Latina:

Bottom of Mother's Tab Screen:

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child **Mother** Father Facility Medical Newborn Flags Complete

Mother's Education

Parent(s) Origin

Mother Spanish/Hispanic/Latina? ☐ Mexican? ☐ Puerto Rican? ☐ Cuban? ☐ Other Spanish/Hispanic/Latina? ☐ Specify other Spanish/Hispanic/Latina:

Mother's Race

☐ White ☐ Japanese ☐ Samoan

☐ Black or African American ☐ Korean ☐ Other Pacific Islander

☐ American Indian / Alaska Native ☐ Vietnamese (Specify)

☐ Asian Indian (Specify) Other Asian (Specify) Other (Specify) Unknown ☐

☐ Chinese ☐ Native Hawaiian

☐ Filipino ☐ Guamanian or Chamorro

Mother's History

Receive WIC? ☐ Height (feet) Height (inches) Prepregnancy Weight (lbs.)

Smoking - average per day

Three Months Prior - Cigarettes First Three Months - Cigarettes Sec Three Months - Cigarettes Last Three Months - Cigarettes

Marital

Mother Married (at birth, conception, or any time between)? ☐ 3 Way Paternity? ☐ Paternity Completed? ☐ Parent's Consent Given ☐

Mother's Residence Address: (In this area P.O. Box cannot be entered. It needs to be the physical address of residence)

Enter Country; State; County; City, Town or Location; Street & number of Residence; Apt #; Zip Code; Inside City Limits? (Y or N)

Mother's Tab (continued)

Mother's Mailing Address: (You can enter P.O. Box addresses in this section)

Same as Residence? (Y or N) If yes is selected, system will populate with the residence address. If no is selected, you will have to complete the State; City, Town or Location; Street Name and Number; Apt #; Zip Code fields.

Mother's Demographics:

Mother's Date of Birth (month/day/year) (System will calculate age)

Mother's Country of Birth (Select from drop down menu. If foreign country selected, system will skip the state and city and take you to the education field). If not on drop down menu, contact the help desk.

If mother was born in a United States Territory, enter the Country as United States, pick the United States Territory as the State and then enter the city which may be found in the drop down menu. The United States Territories include: American Samoa; Guam; Northern Marianas; Puerto Rico; and Virgin Islands. If mother was born in a foreign country, only enter the country.

Mother's Birth State (select from drop down menu)

Mother's Birthplace City (if not listed in the drop down menu, select "other" and type in the city)

Mother's Education (Select from drop down menu)

Parent(s) Origin:

Mother Spanish/Hispanic/Latina? Y or N

If you select Y you will have to answer the following: **Mexican?** Y or N; **Puerto Rican?** Y or N; **Cuban?** Y or N; **Other Spanish/Hispanic/Latina?** Y or N (if Y is selected, you will need to enter information for: **Specify other Spanish/Hispanic/Latina**). Do not enter Hispanic or Spanish or Latina or Mexican or Cuban or Puerto Rican as these were already specified by the specific Y/N questions. The "Other" category is for selections that are not already listed. Examples include Guatemalan, Costa Rican, Salvadorian, etc.

Mother's Race:

Select all that applies (select by clicking with mouse or by tabbing through the fields and using the space bar). You can navigate to the next paragraph by using Control + P or by using your mouse and clicking on the next selection

Mother's History:

Receive WIC? Y or N

Height (feet) **Height** (inches)

Pre-pregnancy Weight (lbs)

Smoking – average per day: (Enter the number of cigarettes smoked per day for each time period. If none, enter **00** in each box). Do not enter packs or partial packs. One pack equals 20 cigarettes.

Mother's Tab (continued)

Marital: If **Yes** is selected, you will need to answer **3 Way Paternity?** Y or N
Then proceed to father's information.

If **No** is selected, you will need to complete the **Paternity** question.

If **Paternity is No**, father's information will automatically be skipped.

If **Paternity is Yes**, then the **Parent's Consent** question must be answered.

If **Parent's Consent is No**, then the father will not be added to the certificate. Tab through the fathers name fields and then go to the SSN Request section. Selected father's fields will automatically be made unknown and the rest should be skipped.

If **Parent's Consent is Yes**, then the father's information will need to be completed.

Note: If maiden and legal last names do not match, system will prompt you for verification

When answers are selected, system will take you to next question or you can use the Tab key or the mouse.

Father's Tab

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child Mother **Father** Facility Medical Newborn Flags Complete

Father's Name: First, Middle, Last, Suffix, Father's SSN

Father's Demographics: Date of Birth, Age, Country of Birth, Birth State, Father's Birthplace City

Father's Education

Parent(s) Origin: Father Spanish/Hispanic/Latino, Mexican, Puerto Rican, Cuban, Other Spanish/Hispanic/Latino, Specify other Spanish/Hispanic/Latino

Father's Race: White, Black/African American, American Indian / Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Other, Unknown

SSN Request

Bottom of Father's Tab: (SSN Request information)

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child Mother **Father** Facility Medical Newborn Flags Complete

SSN Request: Request SSN for Child?, Informant First Name, Informant Middle Name, Informant Last Name, Informant Suffix Name

Relationship to Child

Father's Name:

Enter Father's Social Security Number. If none, please enter 000-00-0000 and put a note in the comment field. If he refuses, then enter 999-99-9999 and put a note in the comment field. If he refuses, the record will not be filed until the number is provided.

Enter Father's First Name

Enter Father's Middle Name (if none leave blank and put a note in the comment field) (Do not enter initials, must be full name)

Father's Tab (continued)

Enter Father's Last Name (If more than one last name, you can enter them in this box)

Enter suffix if any (Jr I II III IV, etc)

Father's Demographics:

Date of Birth (month/day/year) (age will be calculated by system)

Father's Country of Birth (Select from drop down menu. If foreign country selected, system will skip the state and city and take you to the education field). If not on drop down menu, contact the help desk.

If father was born in a United States Territory, enter the Country as United States, pick the United States Territory as the State and then enter the city which may be found in the drop down menu. The United States Territories include: American Samoa; Guam; Northern Marianas; Puerto Rico; and Virgin Islands. If mother was born in a foreign country, only enter the country.

Father's Birth State (select from drop down menu)

Father's Birthplace City (if not listed in the drop down menu, select "other" and type in the city)

Father's Education (Select from drop down menu)

Parent(s) Origin:

Father Spanish/Hispanic/Latino? Y or N

If you select Y you will have to answer the following: **Mexican?** Y or N; **Puerto Rican?** Y or N; **Cuban?** Y or N; **Other Spanish/Hispanic/Latino?** Y or N (if Y is selected, you will need to enter information for: **Specify other Spanish/Hispanic/Latina**). Do not enter Hispanic or Spanish or Latino or Mexican or Cuban or Puerto Rican as these were already specified by the specific Y/N questions. The "Other" category is for selections that are not already listed. Examples include Guatemalan, Costa Rican, Salvadorian, etc.

Father's Race:

Select all that applies (select by clicking with mouse or by tabbing through the fields and using the space bar). You can navigate to the next paragraph by using Control + P or by using your mouse and clicking on the next selection

SSN Request: (Y or N) With the parent's permission, if Y is selected, information from the birth record will be sent to Social Security for the purpose of creating the Child's Social Security number and card. The card will be sent to the mailing address listed on the record.

Informant First Name Informant Middle Name Informant Last Name Informant suffix Name

ABOUT INFORMANT: IF BOTH PARENTS WANT THEIR NAMES TO BE ENTERED AS INFORMANTS, ENTER 1ST PERSON'S FIRST AND LAST NAME IN THE "INFORMANT FIRST NAME FIELD" FOLLOWED BY A "/" AND THE 2ND PERSON'S FIRST AND LAST NAME IN THE "INFORMANT LAST NAME FIELD". This will allow both names to print correctly on the child's birth certificate.

Example:

Informant First Name

John Smith/

Informant Last Name

Mary Jones

The names will appear: **John Smith/Mary Jones** on the birth certificate, Line 15a.

Relationship to Child (select answer from drop down menu) (After Relationship is selected, system will take you to the next tab)

Facility Tab

Please Note: All information for Facility, Medical and Newborn tabs can be found on the Facility Worksheet

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child Mother Father **Facility** Medical Newborn Flags Complete

Mother

Current Legal Name Middle Last

Suffix

Medical Record Number

Facility

Facility Name
St Elizabeth Regional Medical Center

Facility Country
United States

Facility State
Nebraska

County of Birth
Lancaster

City, Town, or Location of Birth
Lincoln

Zip Code
68510

Type of Place of Birth
HOSPITAL

Mother's History

Prenatal Care? Date Prenatal Care Began Date Last Prenatal Care Total Prenatal Visits

Facility Tab bottom part:

BIRTH - 2009 - Netsmart VR5

File Search Requests Actions Work Queue Linking Tools Administration Help

Child Mother Father **Facility** Medical Newborn Flags Complete

City, Town, or Location of Birth
Lincoln

Zip Code
68510

Type of Place of Birth
HOSPITAL

Mother's History

Prenatal Care? Date Prenatal Care Began Date Last Prenatal Care Total Prenatal Visits

Date of Last Menses
99/99/9999

Previous Live Births Living Previous Live Births Deceased Date of Last Live Birth Total Other Preg Outcomes Date of Last Preg Outcome

99/9999 99/9999

Risk Factors

☐ A. Diabetes, pre-pregnancy ☐ E. Previous preterm births ☐ I. Previous Cesarean

☐ B. Diabetes, gestational ☐ F. Previous poor outcome ☐ J. How many

☐ C. Hypertension, pre-pregnancy (Chronic) ☐ G. Vaginal bleeding ☐ K. None of the above (Y,U)

☐ D. Hypertension, gestational (PIH, preeclampsia, eclampsia) ☐ H. Infertility Treatment

Infections present or treated

☐ A. Gonorrhea ☐ C. Herpes ☐ E. Hepatitis B ☐ G. None of the above (Y,U)

☐ B. Syphilis ☐ D. Chlamydia ☐ F. Hepatitis C

Obstetric Procedures

☐ A. Cerclage ☐ C. Cephalic - successful ☐ E. None of the above (Y,U)

☐ B. Tocolysis ☐ D. Cephalic - failed

Mother Paragraph: Information from this section is for informational purposes (helps you identify the record) and will populate automatically from other areas of the record

Facility Tab (continued)

Facility:

Facility Name: If information is correct, tab once to Mother's History

This information will automatically populate and depends on where you are registered as a birth clerk.

If this is a home birth, you will need to select other on Facility Name and enter address where birth occurred in the next box. You will also need to select the country, state, city, zip code and the type of place of birth (such as home birth planned or home birth not planned).

Mother's History: General instructions for dates. If part of the date is unknown such as the month or day, use 99's for the part that is unknown. For example, if only the year of the date of last menses is unknown, enter 99's for the month and day such as 99/99/2008. If only the day is unknown, an example is 04/99/2009. If the complete date is unknown, then enter 99/99/9999.

Prenatal care: Y or N	Date Prenatal Care Began (Month/day/year)	Date Last Prenatal Care (Month/day/year)	Total Prenatal Visits (Enter #)
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Date of Last Menses: Month/Day/Year

Previous Live Births Living (00, 01, 02, 03, etc) **Previous Live Births Deceased** (00, 01, 02, 03, etc)

Date of Last Live Birth (month/year) **Total Other Pregnancy Outcomes** (00, 01, 02, 03, etc)

Date of Last Pregnancy Outcome (month/year)

If Total Other Pregnancy Outcomes is 00, system will skip to Risk Factors. If a number is entered other than 00, you will have to complete Date of Last Pregnancy Outcome. Then tab to Risk Factors.

Risk Factors:*

Select all that applies (If Y is selected for **None of the Above**, system will take you to next question)

Infections Present or Treated:*

Select all that applies (If Y is selected for **None of the Above**, system will take you to next question)

Obstetric Procedures:*

Select all that applies (If Y is selected for **None of the Above**, system will take you to next question)

***If any selections conflict due to system edits, the system will prompt you to verify or correct selections**

Medical Tab

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child | Mother | Father | Facility | **Medical** | Newborn | Flags | Complete

Onset of Labor
☐ A. Premature ROM ☐ C. Prolonged Labor (>=20 hours)
☐ B. Precipitous Labor (<3 hours) ☐ D. None of the above (Y,U)

Delivery
 Date of Birth / / Time of Birth Time Unit

Attendant/Certifier
 Name of Attendant/Certifier
 Title
 Mailing Address City State Zip Code

Payment / Medical Record
 Principal Source of Payment Child's Medical Record #
 UNKNOWN

Mother
 Mother Transferred? Facility Mother Transferred From City Transferred From:
 Mother's Weight at Delivery?

Characteristics of Labor and Delivery
☐ A. Induction of Labor ☐ E. Antibiotics ☐ I. Epidural / anesthesia

Start | Inbox... | Meta... | Nets... | BIRT... | 2 Mi... | 11:51 AM

Medical Tab Bottom part of Screen:

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child | Mother | Father | Facility | **Medical** | Newborn | Flags | Complete

Principal Source of Payment Child's Medical Record #
 UNKNOWN

Mother
 Mother Transferred? Facility Mother Transferred From City Transferred From:
 Mother's Weight at Delivery?

Characteristics of Labor and Delivery
☐ A. Induction of Labor ☐ E. Antibiotics ☐ I. Epidural / anesthesia
☐ B. Augmentation of Labor ☐ F. Chorioamnionitis ☐ J. None of the above (Y,U)
☐ C. Non-vertex presentation ☐ G. Meconium
☐ D. Steroids (glucocorticoids) ☐ H. Fetal Intolerance

Method of Delivery
☐ Attempted Forceps / successful ☐ Yes ☐ No
☐ Attempted Vacuum / successful ☐ Yes ☐ No
☐ Fetal Presentation: Cephalic ☐ Fetal Presentation: Breech ☐ Fetal Presentation: Other
☐ Birth Route: Spontaneous ☐ Birth Route: Forceps ☐ Birth Route: Vacuum ☐ Birth Route: Cesarean
☐ Cesarean, trial of Labor attempted Yes ☐ Cesarean, trial of Labor attempted No

Maternal Morbidity
☐ A. Transfusion ☐ D. Unplanned Hysterectomy ☐ G. None of the above (Y,U)
☐ B. Perineal Laceration ☐ E. Admission to ICU
☐ C. Ruptured Uterus ☐ F. Unplanned OR procedure

Start | Inbox... | Meta... | Nets... | BIRT... | 3 Mi... | 11:52 AM

Medical Tab (continued)

Onset of Labor:

Select all that applies (If **Y** is selected for **None of the Above**, system will take you to next question)

Delivery:

Date of Birth (month/day/year) **Time of Birth:** Hour/Minute (00/00) **Time Unit:** AM/PM/Noon/Midnight (select from drop down menu) If Hour/Minute is answered 12:00, a selection of Noon or Midnight is required.

Attendant/Certifier:

Name of Attendant/Certifier (Select from drop down menu) Once this information is selected, the next boxes will populate. If attendant/Certifier' name is not available, select "Other" and enter correct information. If you do not know how to add this information so it is available in your drop down menu, please read the training manual or the table maintenance manual or call the help desk at 402-471-8275

Title; Mailing Address; City; State; and Zip Code will normally populate from the table. If "Other" is picked for the Name of the Attendant/Certifier, then these fields will need to be manually entered.

Payment/Medical Record:

Principal Source of Payment (Select from drop down menu)

Child's Medical Record # (Optional)

Mother:

Mother Transferred? (Y or N)

If **Yes**, you need to select from the drop down menu **Facility Mother Transferred from** or select Other and type in the name if it is from an outstate hospital.

If **NO**, it will remain blank

Mother's Weight at Delivery (Enter in pounds)

Characteristics of Labor and Delivery:

Select all that applies (If **Y** is selected for **None of the Above**, system will take you to next question)

Method of Delivery:

Select all that applies (If any section is missed, the system will prompt you to complete the missing area)

Maternal Morbidity:

Select all that applies (If **Y** is selected for **None of the Above**, system will take you to next question)

Newborn Tab

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File Search Requests Actions Work Queue Linking Tools Administration Help

Child | Mother | Father | Facility | Medical | **Newborn** | Flags | Complete

Newborn Information

Weight Units: Grams: Pounds: Ounces:

Other

Estimate of Gestation: Sex: Apgar 5: Apgar 10: Plurality: Birth Order:

Abnormal Conditions

☐ A. Ventilation - following delivery ☐ D. Surfactant ☐ G. Birth Injury
☐ B. Ventilation - more than 6 hours ☐ E. Antibiotics - sepsis ☐ H. None of the above (Y,U)
☐ C. NICU admission ☐ F. Seizure

Congenital Anomalies

☐ A. Anencephaly ☐ G. Limb reduction ☐ M. Chromosomal disorder
☐ B. Spina bifida ☐ H. Cleft Lip ☐ N. Congen. Karyotype Confirmed
☐ C. Cyanotic (heart disease) ☐ I. Cleft Palate ☐ O. Congen. Karyotype Pending
☐ D. Congenital hernia ☐ J. Downs ☐ P. Hypospadias
☐ E. Omphalocele ☐ K. Downs Karyotype Confirmed ☐ Q. None of the above (Y,U)
☐ F. Gastroschisis ☐ L. Downs Karyotype Pending

Other

Infant transferred? ☐ Facility Infant Transferred To:
City Transferred To:

Start | Inbox - ... | MetaFr... | Netsma... | BIRTHP... | LiveBCH... | 12:05 PM

Bottom of screen:

BIRTH - 2009 - Netsmart VRS

File Search Requests Actions Work Queue Linking Tools Administration Help

Child | Mother | Father | Facility | Medical | **Newborn** | Flags | Complete

Other

Estimate of Gestation: Sex: Apgar 5: Apgar 10: Plurality: Birth Order:

Abnormal Conditions

☐ A. Ventilation - following delivery ☐ D. Surfactant ☐ G. Birth Injury
☐ B. Ventilation - more than 6 hours ☐ E. Antibiotics - sepsis ☐ H. None of the above (Y,U)
☐ C. NICU admission ☐ F. Seizure

Congenital Anomalies

☐ A. Anencephaly ☐ G. Limb reduction ☐ M. Chromosomal disorder
☐ B. Spina bifida ☐ H. Cleft Lip ☐ N. Congen. Karyotype Confirmed
☐ C. Cyanotic (heart disease) ☐ I. Cleft Palate ☐ O. Congen. Karyotype Pending
☐ D. Congenital hernia ☐ J. Downs ☐ P. Hypospadias
☐ E. Omphalocele ☐ K. Downs Karyotype Confirmed ☐ Q. None of the above (Y,U)
☐ F. Gastroschisis ☐ L. Downs Karyotype Pending

Other

Infant transferred? ☐ Facility Infant Transferred To:
City Transferred To:

Infant Living? ☐ Infant Breastfed? ☐ Adopted? ☐ Paternity Completed Date:

Start | Inbox... | Meta... | Nets... | BIRT... | 4 Mi... | 11:53 AM

Newborn Tab (continued)

Newborn Information:

Weight Units enter **P** for Pounds or **G** for Grams. Then enter the birth weight of the child in pounds and ounces if P was picked or in grams if G was picked.

Grams

Pounds

Ounces

Other:

Estimate of Gestation (# of weeks)

Sex (F, M, N) N can be used if the gender can not be determined.

Apgar 5 (00-10, 99) If the Apgar 5 score is 6 or higher, the Apgar 10 score will not be needed and an 88 (not applicable) will be defaulted in the Apgar 10 minute score. If this score is unknown, then 99 should be entered.

Apgar 10 (00-10, 88, 99) Only required when the Apgar 5 score is 5 or less. If the Apgar 10 score is 00, then a question will ask you if the baby died. If this score is unknown, then 99 should be entered.

Plurality (If 1 is selected, next box will not be completed. If 2 or more, you will have to complete **Birth Order**)

Abnormal Conditions:

Select all that applies (If **Y** is selected for **None of the Above**, system will take you to next question)

Congenital Anomalies:

Select all that applies (If **Y** is selected for **None of the Above**, system will take you to next question)

Other:

Infant Transferred? (Y or N) (If Yes, you will need to select **Facility Infant Transferred** to from drop down menu. If "Other" is selected you will have to enter information in next box)

City Transferred to: Will populate once you select Facility. If "Other" is chosen, then you will need to select the city.

Infant Living (Y or N)

Infant Breastfed? (Y or N)

Adopted? (Y or N)

Paternity Completed Date: Hospital must complete if paternity was completed (month/day/year)

Flags Tab

For Vital Records Use Only

The screenshot shows the 'BIRTH - 2009 - Netsmart VRS' application window. The 'Flags' tab is selected and highlighted with a red circle. The interface includes a menu bar (File, Search, Requests, Actions, Work Queue, Linking, Tools, Administration, Help) and a toolbar with various icons. Below the toolbar is a tabbed interface with 'Child', 'Mother', 'Father', 'Facility', 'Medical', 'Newborn', 'Flags', and 'Complete'. The 'Flags' tab contains several sections: 'Flags' with fields for 'Event Year', 'HINFO record?', 'Alert Count', and 'Birth State'; 'Print' with 'Ok to Print' and 'Reason you Cannot Print' fields; and another 'Flags' section with 'NCHS Ready?' and 'Date Sent to NCHS' fields, as well as 'Sent to Immunization?' and 'Date sent to Immunization' fields. The bottom of the window shows a Windows taskbar with icons for Start, Internet Explorer, Outlook, Meta..., Nets..., BIRT..., and Word, along with a system clock showing 11:56 AM.

BIRTH - 2009 - Netsmart VRS

File Search Requests Actions Work Queue Linking Tools Administration Help

Child Mother Father Facility Medical Newborn **Flags** Complete

Flags

Event Year HINFO record? Alert Count Birth State

Print

Ok to Print Reason you Cannot Print

Print Number

Flags

NCHS Ready? Date Sent to NCHS

Sent to Immunization? Date sent to Immunization

Start Internet Explorer Outlook Meta... Nets... BIRT... Word 3 Mi... 11:56 AM

Complete Tab

The screenshot shows the 'BIRTH - 2009 - Netsmart VRS' application window. The 'Complete' tab is highlighted in the top navigation bar. The form contains the following fields:

- Hospital Complete:** A dropdown menu with 'N' selected.
- Hospital Completed Date:** A date picker showing '//'.
- Hospital Comments:** A large text area for entering comments.
- Hospital Reject Comments:** A large text area for entering reject comments.
- Douglas County Complete:** A dropdown menu with 'N' selected.
- Douglas County Completed Date:** A date picker showing '//'.
- Reject Queue:** A checkbox.
- Registrar Sign:** A dropdown menu showing 'Dart, Bruce D.'.

The bottom status bar shows the time as 11:57 AM.

Once you get to this point you are ready to submit birth information to Vital Records. Please verify that all information is correct and names are spelled correctly.

Complete:

State Complete (For Vital Records to Complete)

Hospital Complete (Select Y or N). When you are finished with the record and you are ready to send to the State or Douglas County, select **Y** and the Hospital Comments box will open up (see Hospital Comments below). If you don't have any comments, **Save** the record by clicking on the **Diskette Icon** or go to **File and Save**. Once **Y** is selected and the record is saved successfully without any edit errors, the record will be placed in the Vital Records Work Queue (either State or Douglas County). The record will no longer be able to be changed by the hospital. If this field has an **N** and the record is saved, the hospital can continue to make changes to the record.

Hospital Complete Date (will be automatically populated with the current date)

Hospital Comments

You can enter here any information you want the Vital Records Office to know about the certificate. In order to be able to enter notes in this section, you must answer the Hospital Complete question as **Y** and add your notes **before saving** the record. After you type your notes, **save** the record by clicking on the **Diskette Icon** or go to **File and Save**. After saving the record, the record will be placed in the Vital Records Work Queue.

Hospital Reject Comments

If certificate information is rejected by the State. Vital Records will enter notes in this box. After it is saved, it will be back in your **Reject Queue** for you to correct or verify. Make the corrections, put a Y back in the hospital complete box, update comments and save the record. It will go out of your work queue and back into the Vital Records Work Queue to process.

Complete Tab (continued)

Douglas County Complete; Douglas County Completed Date; and Douglas Comments

These fields are for Douglas County use and are for records completed by Douglas County (birth occurred in Douglas County).

Registrar:

Registrar Sign (System will populate based on the county of birth)

Date Filed by Registrar (If done in Douglas County, Douglas County Vital Records will enter date filed. If done in any other county, the State Vital Records Office will complete this date.)

PLEASE NOTE FOR MULTIPLE BIRTHS: If you have a multiple birth such as a twin, complete the entry of the first twin and save the record. Correct any errors and save again. Once the first record is correct, then make changes such as the child's name, gender, time of birth, birth order, etc... and Save as Twin (File—>Save as Twin). This will keep the first record and insert another record without the need to enter every field again. Repeat for triplets, etc. Once all records are completed and accurate, then submit to the state by putting in a Y for hospital complete (see above).

ABOUT SAVE: Normally, you will **always** want to do a **normal save** (File→Save or click on the Diskette Icon). This does not prevent you from updating or making changes to the record. The Hospital Complete field when answered Y prevents you from making any further changes to the record. **Do Not use Save without Edits** unless you have the record only partially finished and you don't want all the edits popping up. The Save without Edits is useful if you partially enter a record and get interrupted and don't want to lose your work or if the worksheets are only partially filled out.

FOR TOPICS NOT PROVIDED IN THIS MANUAL SUCH AS PRINTING THE MOTHER'S VERIFICATION FORM, ADDING NOTES, REVIEWING ERRORS, RUNNING REPORTS, ADDING CERTIFIERS, ETC., PLEASE SEE THE TRAINING MANUAL.